PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

	tespondence including below or directed other					should be completed where it correspondence address as parate "FEE ADDRESS" for			
CURRENT CORRESPONDENC		ck I for any change of address)	F p	Note A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
28523 75	90 07/18/2	2006	,		tificate of Mailing or Tran	atmission			
PFIZER INC. PATENT DEPART EASTERN POINT	ROAD	-1611	S	hereby certify that the tates Postal Service wildressed to the Mail	is Fee(s) Transmittal is bei	ng deposited with the United rst class mail in an envelope s above, or being facsimile			
GROTON, CT 063	40		Į.			(Depositor's name)			
			 -			(Signature)			
			L			(Date)			
APPLICATION NO	FILING DATE	FIRST NĀMED INVEN		DR -	ATTOŔNBY DOCKET NO	CONFIRMATION NO 7			
10/777,455	02/11/2004 Jason				342312004920	2240			
HITLE OF INVENTION L	INCOMYCIN DERIV								
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE			
nonprovisional	NO	\$1400	\$300	\$ 0	\$1700	10/18/2006			
EXAMINI	ER	ART UNIT	CLASS-SUBCLASS						
PESELEV,	ELLI	1623	514-024000		,				
Change of correspondence address or indication of "Fee Address" (37 FR 1 363) Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached Use of a Custome Number is required.			(1) the names of up or agents OR, alterna (2) the name of a sur registered attorney of	single firm (having as a member a cy or agent) and the names of up to it attorneys or agents. If no name is					
(A) NAME OF ASSIGN Vicu	an assigned is identificated in the complete. EE ron Pharma	ned below, no assigned ction of this form is NO aceuticals,	data will appear on the F a substitute for filing : (B) RESIDENCE: (CF I I I I C .	patent If an assignent in assignment TY and STATE OR C King	xountry) of Prussia,				
lease check the appropriate	assignce category or o	categories (will not be pr	inted on the patent)	Individual 🖾 Co	orporation or other private g	roup entity Government			
a The following fee(s) are submitted A b Payment of Fee(s) (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card Form PTO-2038 is attached Advance Order - # of Copies Properties Payment by credit card Form PTO-2038 is attached The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 6-1445 (enclose an extra copy of this form)									
Change in Entity Status	-	•	D		T TOLYMPHOLE	777 1 477 170			
☐ a Applicant claims Si					LL ENTITY status See 37 C	the assignee or other party in			
nterest as shown by the reco	ords of the United State	es Patent and Trademark	Office	i sao approduct, a rogi	sociou automoj or agent, or	are assigned or other party he			
Authorized Signature	4ª	Agree &		Date	<u> 16 001 (</u>				
Typed or printed name \underline{F}					42,547	and the state of t			
This collection of information application. Confidentials ultimating the completed his form and/or suggestions 30x 1450, Alexandria, Virgina 22313-	in is required by 37 CF ity is governed by 35 Uplication form to the for reducing this burd ima 22313-1450 DO 1450	R 1311 The information JSC 122 and 37 CFR USPTO Time will vary ten, should be sent to the NOT SEND FEES OR C	n is required to obtain of 14. This collection is depending upon the inc Chief Information Off COMPLETED FORMS	r retain a benefit by the stimated to take 12 n ividual case. Any co- cer, U.S. Patent and TO THIS ADDRESS	ne public which is to file (ar minutes to complete, includi minents on the amount of t Trademark Office, U.S. Dep J. SEND TO. Commissional	nd by the USPTO to process) ng gathering, preparing, and time you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450.			

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571)-273-2885

INSTRUCTIONS This appropriate All further conclusions to the contract of the c	form should be used for correspondence including d below or directed oth ions	or transmitting the ISS of the Patent, advance of the erwise in Block 1, by (UE FEE and PUBLICATI- orders and notification of in a) specifying a new corresponding	ON FEE (if requirements fees woondence address;	red). Block ill be mail and/or (b)	ts I through 5 st ed to the current indicating a sepa	rould be completed where correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Bl	ock I for any change of address)	Fee(: pape	s) Transmittal This	s certificate paper, suc	e cannot be used fo h as an assignmen	r domestic mailings of the or any other accompanying nt or formal drawing, must	
28523	7590 07/18	/2006	-		•	dailing or Transı	nicelon	
EASTERN POIN)-1611	l her State addr trans	eby certify that this	s Fee(s) Tr	ansmittal is being	deposited with the United teless mail in an envelope above, or being facsimile ate indicated below.	
GROTON, CT 0	0340						(Depositor's nurse)	
							(Signature)	
							(Dato)	
APPLICATION NO	FILING DATE		HIRST NAMED INVENTOR		ATTORNE	Y DOCKET NO	CONFIRMATION NO :	
10/777,455 TITLE OF INVENTION	02/11/2004 LINCOMYCIN DERIV	VATIVES POSSESSINC	Jason G Lewis GANTIBACTERIAL ACTI	VITY	3423	12004920	2240	
APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV PAID ISSUE	FEE TO	TAL FEE(S) DUE	DATE DUE	
nonprovisional	NO NO	\$1400	\$300	\$0		\$1700	10/18/2006	
EXAM		ART UNIT	CLASS-SUBCLASS			92.00	rui (o 4000	
PESELEY		1623	514-024000					
				tout Court - and I am		******		
(FR t 363)	nce address or indication	•	2 For printing on the pa (1) the names of up to	3 registered patent		<u>ı Gregg</u>	C. Benson	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached			or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed					
Tree Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Custome Number is required.								
			THE PATENT (print or type	•			***************************************	
PLEASE NOTE Unic recordation as set forth	iss an assignee is identi in 37 CFR 3 11 Comp	fied below, no assigned letion of this form is NO	data will appear on the pa T a substitute for filing an a	ient If an assigne ssignment	e is identif	ied below, the do	cument has been filed for	
(A) NAME OF ASSIG	-		(B) RESIDENCE (CITY	=				
Vic	uron Pharm	aceuticals,		~		russia,		
liense check the appropris	ue assignce entegory or	categories (will not be pi	rinted on the patent) · □	Individual 🖒 Cor	poration or	other private grou	up entity Government	
The following fee(s) a	re submitted	41	Payment of Fee(s) (Pleas	e first reapply an	y previousl	 y paid issue fee s	hown above)	
XI issue Fee		10	A check is enclosed.	E 2000 0000				
	o small entity discount p of Copies	Payment by credit card Form PTO-2038 is attached The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any						
Advance Order - #	or Copies		overpayment, to Depos	it Account Number	16-144	15 (cnclose an	extra copy of this form)	
5 Change in Entity State	us (from status indicated SMALL ENTITY statu	•	☐ b Applicant is no long	er claiming SMALI	L ENTITY	status See 37 CF	R 1 27(p)(2)	
NOTE The Issue Fee and	Publication Fee (if requestors of the United State	ured) will not be accepte	d from anyone other than the Office	applicant; a regisi	tered attorn	ey or agent, or the	assignee or other party in	
	Mark 1	4,322					and the same of th	
Authorized Signature_		71-						
	Frank W. F			Registration No				
This collection of information application. Confidental about the completed his form and/or suggestion 1450, Alexandria, Valuation 1450, Alexa	tion is required by 37 Cl ality is governed by 35 application form to the ns for reducing this bur- ginua 22313-1450 DO	FR 1311 The information USC 122 and 37 CFR USPTO Time will vary den, should be sent to the NOT SEND FEES OR (on is required to obtain or re 1.14. This collection is estir depending upon the indivi- e Chief Information Officer, COMPLETED FORMS TO	ain a benefit by the nated to take 12 me lual case Any com US Patent and T THIS ADDRESS.	public who inutes to co iments on t rademark (SEND TO	nch is to file (and emplete, including the amount of time office, U.S. Depar . Commissioner fo	by the USPTO to process) gathering, preparing, and e you require to complete tment of Commerce, P.O or Patents, P.O. Box 1450.	

Alexandria, Virginia 22313-1450

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.